



COUNTY OF MOORE MCTS APPLICATION FOR EMPLOYMENT FOR MOORE COUNTY TRANSPORTATION SERVICES ONLY

(Mail) PO Box 905, Carthage, NC 28327 (Office) 302 Monroe Street, Carthage, North Carolina 28327
Office: 910.947.6362 Fax: 910.947.2792 Job Line: 910.947.6314



Internet: www.moorecountync.gov

Thank you for your interest in the County of Moore. We strive to employ the best qualified individuals available to serve our community. Although everyone who applies cannot be hired, your application, if completed properly and in detail, will be given every consideration. The County of Moore is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, or disability.

Please take the time to read the information and instructions on this page to ensure your application is as complete as possible.

Important Application Information

- ◆ We will accept your application regardless of whether or not you are applying for an open position. We will keep your application on file for 1-calendar year. During that timeframe, you are responsible for contacting the Human Resources Department and letting a staff member know that we have your application on file and would like it to be considered for a position we are currently recruiting for.
- ◆ When submitting your application for a position we are not currently advertising for, you still must indicate a specific position you are interested in. Do not use "any open position", or "any position I qualify for". You may indicate, however, that you are interested in a "Clerical or Administrative" type of position (if applicable).
- ✓ If you are dropping your application off in person, you must drop it off to a HR staff member. Persons with disabilities should notify the HR staff and request accommodations during the application and selection process, if they need assistance.
- ✓ Accepted complete applications and all supplemental materials submitted become the property of the County of Moore and cannot be returned or copied.
- ✓ If a closing date is included in the job announcement, applications must be received by the HR department **BEFORE** 5:00 p.m. on that closing date. Applications received through the mail must be received in the HR office **PRIOR** to the closeout date, or have their envelopes postmarked **PRIOR TO or EQUAL TO** the closeout date. Applications received after the closing date are **NOT** eligible for consideration.
- ✓ Our application is designed to assist the hiring department in evaluating your qualifications. Please read the position advertisement carefully to be sure your background meets the requirements of the position.
- ✓ Incomplete applications will not be referred to the hiring departments. Answer all questions and complete all sections of the application form. You must give complete information on the application (**"See Resume"** is not acceptable). List separately each job held and your duties for each position when you worked for one employer and held more than one position. Use the application continuation sheet to provide any additional work experience information if necessary.
- ✓ Resumes are welcome as a supplement to the application but will not be accepted in lieu of the application. Make sure you submit any additional documentation listed as required in the job description. Additional paperwork and/or documentation may be required during the interview or during the hiring process.
- ✓ Check for accuracy, sign and date your application. Unsigned applications will not be processed.
- ✓ In compliance with the Immigration Reform and Control Act of 1986, the County of Moore hires only those individuals who are United States citizens or aliens lawfully authorized to work in the United States. All new employees will be required to complete a verification form and provide documentation of employment eligibility and identity (I-9: E-Verify Process).
- ✓ All applicants tentatively selected for any position will be required to successfully pass a pre-employment physical and drug screen prior to appointment. A background check will also be conducted before employment based on Moore County's Personnel Policy
- ✓ You can submit your completed application to the County of Moore Human Resources Department:

In Person	By Mail	By Fax
302 Monroe Street, Carthage, North Carolina 28327 (910) 947-6362 Monday - Friday from 8am - 5pm	Human Resources Department P.O. Box 905 Carthage, NC 28327	(910) 947-2792

County of Moore Equal Opportunity Employer (EOC) Questionnaire

PLEASE COMPLETE THIS FORM - IT WILL BE REMOVED PRIOR TO PROCESSING

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of our recruitment efforts and selection procedures. This information is requested on a voluntary basis. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process. When we process an employment with a completed EOC questionnaire, only the application is forwarded to the hiring authorities for consideration. The EOC questionnaire is removed from the application and retained in the County of Moore Human Resources Department, where it is kept strictly confidential.

The County of Moore is an Equal Opportunity/Affirmative Action Employer. In accordance with applicable laws and regulations, the county does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, or disability, please contact the Human Resources Department at 910-947-6362.

DISABLED APPLICANTS: The Human Resources Department may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call 910-947-6362.

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW

Today's Date (mm/dd/yy)

Are you: ☐ Female ☐ Male

Applicant Name

Date of Birth

Are you a veteran of the United States Armed Forces?

☐ Yes ☐ No

If "Yes" - Branch of Service

Type of Discharge

ETHNIC ORIGIN (CHECK ONE)

- ☒ White (not of Hispanic origin): All persons with origins in any of the peoples of Europe, North Africa or the Middle East
- ☐ Black (not of Hispanic origin): All persons with origins in any of the black racial groups of Africa.
- ☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ Asian or Pacific Islander: All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa
- ☐ American Indian or Alaskan Native: All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

CITIZENSHIP

- ☐ Resident foreign national (Alien who has been admitted for permanent residence, must have Alien Registration Card, Form I-151).
- ☐ Non-resident foreign national (Alien admitted temporarily for specific purposes and periods of time)
- ☐ U. S. Citizen

WOULD YOU LIKE TO DISCLOSE ANY PHYSICAL OR MENTAL DISABILITY?

Disability: "Disability means, with respect to an individual: (1) A physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" [Americans with Disabilities Act of 1990]. Persons without a disability should check the block labeled None/or prefer not to answer. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check the block labeled None/or prefer not to answer. Information reported on this form will be kept confidential as required by state law.

- ☐ None/or prefer not to answer ☐ Blind or severely visually impaired ☐ Deaf or severely hearing impaired
- ☐ Loss of/limited use of arms and/or hands ☐ Non-ambulatory (must use wheelchair) ☐ Respiratory impairment
- ☐ Nervous system/neurological disorder ☐ Learning disability ☐ speech impairment
- ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spinal bifida, etc.)
- ☐ Other (heart disease, diabetes, migraines, high blood pressure)
- ☐ Other (please specify):

HOW DID YOU HEAR ABOUT THE POSITION(S)?

To help us ensure our recruitment efforts are targeted to and reaching all segments of our recruitment area and community, please identify how you first learned of this job opening (check only one box).

<input type="checkbox"/> A Friend or Relative	<input type="checkbox"/> Employment Security Commission
<input type="checkbox"/> A County of Moore Employee	<input type="checkbox"/> The Pilot Newspaper
<input type="checkbox"/> Our website (www.moorecountync.gov)	<input type="checkbox"/> Other Internet website:
<input type="checkbox"/> Other means (identify):	



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FOR MOORE COUNTY TRANSPORTATION SERVICES ONLY



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Application Date (mm/dd/yy)

Positions Applying For:

1)

2)

3)

Please initial in the space below (If applicable)

 Statement of Applicant Understanding & Agreement - I understand that I may be submitting my application for a position that is not currently advertising for and that they will maintain my application on file for a full calendar year. I further understand that the County will not contact me when they advertise for a vacant position I may be interested in, that it will remain my responsibility to contact the HR Department and request my application be submitted for a position I am interested in when they are advertising for that a vacancy and within the timeframe of that job announcement.

PRINT CLEARLY AND NEATLY OR TYPE ALL INFORMATION

Last Name:

First Name:

Middle Name:

Mailing Address:

City:

State:

Zip:

Best phone# to reach you during the daytime:

Email address:

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Completed Graduate School: Y N

Name of School & School Address (City & State)	Dates Attended				Type of Degree or Diploma Received	Major Subjects Studied
	From	To	From	To		
High School (Includes GED equivalency)	(High school dates attended from/to blocked out - do not try to answer)				(N/A if not complete)	
						General Studies
Colleges or Universities	Mo	Yr	Mo	Yr	(N/A if not complete)	
Technical, Vocational, or Military Training	Mo	Yr	Mo	Yr	(N/A if not complete)	

TRAINING, LICENSES AND SPECIAL SKILLS				
Professional Licenses - Current professional status: (list fields of work for which you have been registered or certified in)				
Registration/Certification: _____		State: _____ No. _____		
Registration/Certification: _____		State: _____ No. _____		
General Skills - Check the following skills, experiences, etc., which you have:				
<input type="checkbox"/> Driver's License <div style="display: flex; justify-content: space-between; width: 100%;"> Number _____ State _____ </div> <input type="checkbox"/> CDL (A, B, or C?) <div style="display: flex; justify-content: space-between; width: 100%;"> Number _____ State _____ </div> <input type="checkbox"/> Car for use at work <input type="checkbox"/> Sign Language <input type="checkbox"/> Adding Machine/calculator		<input type="checkbox"/> Foreign language (specify) _____ <input type="checkbox"/> Typing (specify WPM) _____ <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ <input type="checkbox"/> Legal transcription <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
<input type="checkbox"/> Braille <input type="checkbox"/> Medical transcription				
Specialized Skills - List in the appropriate blanks below the specialized skills you are proficient in or have received training in:				
Building/grounds maintenance _____				
Construction/heavy equipment _____				
Trades (carpentry, welding, plumbing, etc.) _____				
Computers (software, hardware, networking) _____				
Other Skills - Describe any job-related skills, knowledge, special training, or licenses you have that you have not listed above:				
MILITARY SERVICE				
North Carolina General Statutes 143B-421.1 prohibits local governments from employing any male who has not complied with Selective Service Registration regulations. Are you in compliance?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
1) Have you ever served in the U. S. Armed Services?			<input type="checkbox"/>	<input type="checkbox"/>
2) Are you a member of the U. S. Military Reserves?			<input type="checkbox"/>	<input type="checkbox"/>
3) If yes to questions 1 or 2, which branch of service did you serve in?			4) What were your dates of service?	
5) What was your rank upon your separation/discharge/retirement?			6) What type of discharge/separation?	
PLEASE ANSWER THE FOLLOWING QUESTIONS:				
Were you ever discharged or forced to resign from employment due to misconduct or unsatisfactory services? If yes, explain in the "comments" section below. Prior discharges or forced resignations will not necessarily disqualify you from employment.			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

WORK EXPERIENCE

Beginning with your current or most recent position, list all time periods of employment, unemployment, or volunteer experience over the past 10 years showing changes in title or promotions separately. Attach additional sheets if needed. Please fill out all the information requested on this form. "See Resume" is not acceptable. Incomplete information will result in the disqualification of your application.

From		To		Name of Employer	Current or Last Position Title		#Employees Supervised
Mo	Yr	Mo	Yr				
Prior Employment Status				Address	City	State	Zip
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time				
Starting Salary				Current or Most Recent Supervisor Name	May We Contact Employer?	Phone	
Ending/Current Salary				Reason for Leaving			

List major duties in order of their importance in the job:

--	--	--	--	--	--	--	--

From		To		Name of Employer	Current or Last Position Title		#Employees Supervised
Mo	Yr	Mo	Yr				
Prior Employment Status				Address	City	State	Zip
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time				
Starting Salary				Most Recent Supervisor Name	May We Contact Employer?	Phone	
Ending/Current Salary				Reason for Leaving			

List major duties in order of their importance in the job:

--	--	--	--	--	--	--	--

From		To		Name of Employer	Current or Last Position Title		#Employees Supervised
Mo	Yr	Mo	Yr				
Prior Employment Status				Address	City	State	Zip
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time				
Starting Salary				Most Recent Supervisor Name	May We Contact Employer?	Phone	
Ending/Current Salary				Reason for Leaving			

List major duties in order of their importance in the job:

--	--	--	--	--	--	--	--

REFERENCES			
List three persons who are NOT related to you and who are familiar with your qualifications for employment. Do not repeat names of supervisors listed under your work experience.			
Reference #1 Name	Occupation		Phone
Mailing Address	City	State	Zip
Reference #2 Name	Occupation		Phone
Mailing Address	City	State	Zip
Reference #3 Name	Occupation		Phone
Mailing Address	City	State	Zip

Are you now, or have you ever been, employed by the County of Moore? If YES, identify most recent employment dates, job title, department assigned, and/or reason for leaving in the "comments" section below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related by blood or marriage to any person now working for the County of Moore? If YES, provide their name, relationship to you, and they department where they work in the "comments" section below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments (for any YES answer from above, give number and explain):		

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APPLICANT CERTIFICATION AND AUTHORIZATION

<p>I certify that the information on this application truly represents my background and experience. I understand that failure to give accurate information, falsification, or misrepresentation may prevent my being hired, and if discovered after hiring, may be grounds for disciplinary action, immediate dismissal, and/or criminal action. (Authority: G.S. 126-30, G.S. 14-122.1).</p> <p>I authorize investigation of all information given in this application. This includes, but may not be limited to:</p> <ul style="list-style-type: none"> -- Driver's record check, if necessary for the job -- Criminal background check -- Educational institutions -- Reference checks from current and previous employers and/or supervisors -- Registration and licensing boards -- Any other information submitted on or attached to this application <p>I also authorize all educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.</p> <p>I further understand that the County of Moore is a drug free workplace and I agree to submit to pre-employment drug testing and physical examination. I am also aware that a background check will be conducted before employment based on Moore County's Personnel Policy. I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.</p> <p>I am aware that the County of Moore is an equal opportunity employer who is committed to equality in admission or access to, or treatment or employment in, its programs and activities and does not discriminate against applicants or employees based upon race, color, national origin, religion, gender, age, political affiliation, or disability.</p>

<p>Applicant Signature</p> <p>***unsigned applications will not be processed***</p>	<p>Signature Date</p>
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PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CRR Part 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Signature of Applicant

Date

Print Name

Date

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed)

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SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name

_____,
Social Security Number

Have you ever participated in USDOT- Regulated drug and alcohol testing with previous employers?

Yes ☐ (if yes, complete #1 and #2)

No ☐ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes ☐

No ☐

b) Had a verified positive drug test result?

Yes ☐

No ☐

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes ☐

No ☐

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes ☐

No ☐

2 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes ☐

No ☐

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why:

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A separated form must be filled out for each US DOT – regulated employer who employed the applicant during the two-year period preceding the date of employee's application or transfer)

I, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digit of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P. O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

May release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: _____

Prospective Employer: _____

Street Address or P. O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

Applicant's Signature _____

_____ Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did not participate in US DOT –regulated drug and alcohol testing while under your employment. Then sign below and return this form:

OR, respond to the following questions regarding this employee's US DOT –regulated drug and alcohol testing history while employed with your agency/firm.

- | | |
|---|--|
| 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Has this employee had a verified positive drug test result in the last two year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Has this employee refused a required drug or alcohol testing in the last two year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has a previous employer reported a drug and alcohol rule violation to you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. If you answered yes to any of the above items, did the employee complete the return to duty process? | |

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Previous Employer's Signature _____

_____ Date